

In the Senate of the United States,

September 24 (legislative day, September 17), 2008.

Resolved, That the bill from the House of Representatives (H.R. 1343) entitled “An Act to amend the Public Health Service Act to provide additional authorizations of appropriations for the health centers program under section 330 of such Act, and for other purposes.”, do pass with the following

AMENDMENT:

Strike all after the enacting clause and insert the following:

1 ***SECTION 1. SHORT TITLE.***

2 *This Act may be cited as the “Health Care Safety Net*
3 *Act of 2008”.*

4 ***SEC. 2. COMMUNITY HEALTH CENTERS PROGRAM OF THE***
5 ***PUBLIC HEALTH SERVICE ACT.***

6 *(a) ADDITIONAL AUTHORIZATIONS OF APPROPRIA-*
7 *TIONS FOR THE HEALTH CENTERS PROGRAM OF PUBLIC*
8 *HEALTH SERVICE ACT.—Section 330(r) of the Public*

1 *Health Service Act (42 U.S.C. 254b(r)) is amended by*
 2 *amending paragraph (1) to read as follows:*

3 “(1) *IN GENERAL.*—*For the purpose of carrying*
 4 *out this section, in addition to the amounts author-*
 5 *ized to be appropriated under subsection (d), there*
 6 *are authorized to be appropriated—*

7 “(A) \$2,065,000,000 for fiscal year 2008;

8 “(B) \$2,313,000,000 for fiscal year 2009;

9 “(C) \$2,602,000,000 for fiscal year 2010;

10 “(D) \$2,940,000,000 for fiscal year 2011;

11 *and*

12 “(E) \$3,337,000,000 for fiscal year 2012.”.

13 (b) *STUDIES RELATING TO COMMUNITY HEALTH CEN-*
 14 *TERS.*—

15 (1) *DEFINITIONS.*—*For purposes of this sub-*
 16 *section—*

17 (A) *the term “community health center”*
 18 *means a health center receiving assistance under*
 19 *section 330 of the Public Health Service Act (42*
 20 *U.S.C. 254b); and*

21 (B) *the term “medically underserved popu-*
 22 *lation” has the meaning given that term in such*
 23 *section 330.*

24 (2) *SCHOOL-BASED HEALTH CENTER STUDY.*—

1 (A) *IN GENERAL.*—Not later than 2 years
2 after the date of enactment of this Act, the
3 Comptroller General of the United States shall
4 issue a study of the economic costs and benefits
5 of school-based health centers and the impact on
6 the health of students of these centers.

7 (B) *CONTENT.*—In conducting the study
8 under subparagraph (A), the Comptroller Gen-
9 eral of the United States shall analyze—

10 (i) the impact that Federal funding
11 could have on the operation of school-based
12 health centers;

13 (ii) any cost savings to other Federal
14 programs derived from providing health
15 services in school-based health centers;

16 (iii) the effect on the Federal Budget
17 and the health of students of providing Fed-
18 eral funds to school-based health centers and
19 clinics, including the result of providing
20 disease prevention and nutrition informa-
21 tion;

22 (iv) the impact of access to health care
23 from school-based health centers in rural or
24 underserved areas; and

1 (v) other sources of Federal funding for
2 school-based health centers.

3 (3) *HEALTH CARE QUALITY STUDY.*—

4 (A) *IN GENERAL.*—Not later than 1 year
5 after the date of enactment of this Act, the Sec-
6 retary of Health and Human Services (referred
7 to in this Act as the “Secretary”), acting through
8 the Administrator of the Health Resources and
9 Services Administration, and in collaboration
10 with the Agency for Healthcare Research and
11 Quality, shall prepare and submit to the Com-
12 mittee on Health, Education, Labor, and Pen-
13 sions of the Senate and the Committee on En-
14 ergy and Commerce of the House of Representa-
15 tives a report that describes agency efforts to ex-
16 pand and accelerate quality improvement activi-
17 ties in community health centers.

18 (B) *CONTENT.*—The report under subpara-
19 graph (A) shall focus on—

20 (i) Federal efforts, as of the date of en-
21 actment of this Act, regarding health care
22 quality in community health centers, in-
23 cluding quality data collection, analysis,
24 and reporting requirements;

1 (ii) identification of effective models
2 for quality improvement in community
3 health centers, which may include models
4 that—

5 (I) incorporate care coordination,
6 disease management, and other services
7 demonstrated to improve care;

8 (II) are designed to address mul-
9 tiple, co-occurring diseases and condi-
10 tions;

11 (III) improve access to providers
12 through non-traditional means, such as
13 the use of remote monitoring equip-
14 ment;

15 (IV) target various medically un-
16 derserved populations, including unin-
17 sured patient populations;

18 (V) increase access to specialty
19 care, including referrals and diagnostic
20 testing; and

21 (VI) enhance the use of electronic
22 health records to improve quality;

23 (iii) efforts to determine how effective
24 quality improvement models may be adapt-
25 ed for implementation by community health

1 *centers that vary by size, budget, staffing,*
2 *services offered, populations served, and*
3 *other characteristics determined appropriate*
4 *by the Secretary;*

5 *(iv) types of technical assistance and*
6 *resources provided to community health cen-*
7 *ters that may facilitate the implementation*
8 *of quality improvement interventions;*

9 *(v) proposed or adopted methodologies*
10 *for community health center evaluations of*
11 *quality improvement interventions, includ-*
12 *ing any development of new measures that*
13 *are tailored to safety-net, community-based*
14 *providers;*

15 *(vi) successful strategies for sustaining*
16 *quality improvement interventions in the*
17 *long-term; and*

18 *(vii) partnerships with other Federal*
19 *agencies and private organizations or net-*
20 *works as appropriate, to enhance health*
21 *care quality in community health centers.*

22 *(C) DISSEMINATION.—The Administrator of*
23 *the Health Resources and Services Administra-*
24 *tion shall establish a formal mechanism or mech-*
25 *anisms for the ongoing dissemination of agency*

1 *initiatives, best practices, and other information*
2 *that may assist health care quality improvement*
3 *efforts in community health centers.*

4 *(4) GAO STUDY ON INTEGRATED HEALTH SYS-*
5 *TEMS MODEL FOR THE DELIVERY OF HEALTH CARE*
6 *SERVICES TO MEDICALLY UNDERSERVED AND UNIN-*
7 *SURED POPULATIONS.—*

8 *(A) STUDY.—The Comptroller General of*
9 *the United States shall conduct a study on inte-*
10 *grated health system models of at least 15 sites*
11 *for the delivery of health care services to medi-*
12 *cally underserved and uninsured populations.*
13 *The study shall include an examination of—*

14 *(i) health care delivery models spon-*
15 *sored by public or private non-profit enti-*
16 *ties that—*

17 *(I) integrate primary, specialty,*
18 *and acute care; and*

19 *(II) serve medically underserved*
20 *and uninsured populations; and*

21 *(ii) such models in rural and urban*
22 *areas.*

23 *(B) REPORT.—Not later than 1 year after*
24 *the date of the enactment of this Act, the Comp-*
25 *troller General of the United States shall submit*

1 to Congress a report on the study conducted
2 under subparagraph (A). The report shall in-
3 clude—

4 (i) an evaluation of the models, as de-
5 scribed in subparagraph (A), in—

6 (I) expanding access to primary,
7 preventive, and specialty services for
8 medically underserved and uninsured
9 populations; and

10 (II) improving care coordination
11 and health outcomes;

12 (III) increasing efficiency in the
13 delivery of quality health care; and

14 (IV) conducting some combination
15 of the following services—

16 (aa) outreach activities;

17 (bb) case management and
18 patient navigation services;

19 (cc) chronic care manage-
20 ment;

21 (dd) transportation to health
22 care facilities;

23 (ee) development of provider
24 networks and other innovative
25 models to engage local physicians

1 *and other providers to serve the*
2 *medically underserved within a*
3 *community;*

4 *(ff) recruitment, training,*
5 *and compensation of necessary*
6 *personnel;*

7 *(gg) acquisition of technology*
8 *for the purpose of coordinating*
9 *care;*

10 *(hh) improvements to pro-*
11 *vider communication, including*
12 *implementation of shared infor-*
13 *mation systems or shared clinical*
14 *systems;*

15 *(ii) determination of eligi-*
16 *bility for Federal, State, and local*
17 *programs that provide, or finan-*
18 *cially support the provision of,*
19 *medical, social, housing, edu-*
20 *cational, or other related services;*

21 *(jj) development of preven-*
22 *tion and disease management*
23 *tools and processes;*

24 *(kk) translation services;*

1 (ii) development and imple-
2 mentation of evaluation measures
3 and processes to assess patient
4 outcomes;

5 (mm) integration of primary
6 care and mental health services;
7 and

8 (nn) carrying out other ac-
9 tivities that may be appropriate
10 to a community and that would
11 increase access by the uninsured
12 to health care, such as access ini-
13 tiatives for which private entities
14 provide non-Federal contributions
15 to supplement the Federal funds
16 provided through the grants for
17 the initiatives; and

18 (ii) an assessment of—

19 (I) challenges, including barriers
20 to Federal programs, encountered by
21 such entities in providing care to
22 medically underserved and uninsured
23 populations; and

24 (II) advantages and disadvan-
25 tages of such models compared to other

1 *models of care delivery for medically*
2 *underserved and uninsured popu-*
3 *lations, including—*

4 *(aa) quality measurement*
5 *and quality outcomes;*

6 *(bb) administrative effi-*
7 *ciencies; and*

8 *(cc) geographic distribution*
9 *of federally-supported clinics com-*
10 *pared to geographic distribution*
11 *of integrated health systems.*

12 *(5) GAO STUDY ON VOLUNTEER ENHANCE-*
13 *MENT.—*

14 *(A) IN GENERAL.—Not later than 6 months*
15 *after the date of enactment of this Act, the*
16 *Comptroller General of the United States shall*
17 *conduct a study, and submit a report to Con-*
18 *gress, concerning the implications of extending*
19 *Federal Tort Claims Act (chapter 171 of title 28,*
20 *United States Code) coverage to health care pro-*
21 *fessionals who volunteer to furnish care to pa-*
22 *tients of health centers.*

23 *(B) CONTENT.—In conducting the study*
24 *under subparagraph (A), the Comptroller Gen-*
25 *eral of the United States shall analyze—*

1 (i) *the potential financial implications*
2 *for the Federal Government of such an ex-*
3 *tension, including any increased funding*
4 *needed for current health center Federal*
5 *Tort Claims Act coverage;*

6 (ii) *an estimate of the increase in the*
7 *number of health care professionals at*
8 *health centers, and what types of such pro-*
9 *essionals would most likely volunteer given*
10 *the extension of Federal Tort Claims Act*
11 *coverage;*

12 (iii) *the increase in services provided*
13 *by health centers as a result of such an in-*
14 *crease in health care professionals, and in*
15 *particular the effect of such action on the*
16 *ability of health centers to secure specialty*
17 *and diagnostic services needed by their un-*
18 *insured and other patients;*

19 (iv) *the volume of patient workload at*
20 *health centers and how volunteer health care*
21 *professionals may help address the patient*
22 *volume;*

23 (v) *the most appropriate manner of ex-*
24 *tending such coverage to volunteer health*
25 *care professionals at health centers, includ-*

ing any potential difference from the mechanism currently used for health care professional volunteers at free clinics;

(vi) State laws that have been shown to encourage physicians and other health care providers to provide charity care as an agent of the State; and

(vii) other policies, including legislative or regulatory changes, that have the potential to increase the number of volunteer health care staff at health centers and the financial implications of such policies, including the cost savings associated with the ability to provide more services in health centers rather than more expensive sites of care.

(c) *RECOGNITION OF HIGH POVERTY.*—

(1) *IN GENERAL.*—Section 330(c) of the Public Health Service Act (42 U.S.C. 254b(c)) is amended by adding at the end the following new paragraph:

“(3) *RECOGNITION OF HIGH POVERTY.*—

“(A) *IN GENERAL.*—In making grants under this subsection, the Secretary may recognize the unique needs of high poverty areas.

“(B) *HIGH POVERTY AREA DEFINED.*—For purposes of subparagraph (A), the term ‘high poverty area’ means a catchment area which is established in a manner that is consistent with the factors in subsection (k)(3)(J), and the poverty rate of which is greater than the national average poverty rate as determined by the Bureau of the Census.”.

(2) *EFFECTIVE DATE.*—The amendment made by paragraph (1) shall apply to grants made on or after January 1, 2009.

SEC. 3. NATIONAL HEALTH SERVICE CORPS.

(a) *FUNDING.*—

(1) *REAUTHORIZATION OF NATIONAL HEALTH SERVICE CORPS PROGRAM.*—Section 338(a) of the Public Health Service Act (42 U.S.C. 254k(a)) is amended by striking “2002 through 2006” and inserting “2008 through 2012”.

(2) *SCHOLARSHIP AND LOAN REPAYMENT PROGRAMS.*—Subsection (a) of section 338H of such Act (42 U.S.C. 254q) is amended by striking “appropriated \$146,250,000” and all that follows through the period and inserting the following: “appropriated—

“(1) for fiscal year 2008, \$131,500,000;

1 “(2) for fiscal year 2009, \$143,335,000;
 2 “(3) for fiscal year 2010, \$156,235,150;
 3 “(4) for fiscal year 2011, \$170,296,310; and
 4 “(5) for fiscal year 2012, \$185,622,980.”.

5 (b) *ELIMINATION OF 6-YEAR DEMONSTRATION RE-*
 6 *QUIREMENT.*—Section 332(a)(1) of the Public Health Serv-
 7 *ice Act (42 U.S.C. 254e(a)(1)) is amended by striking “Not*
 8 *earlier than 6 years” and all that follows through “purposes*
 9 *of this section.”.*

10 (c) *ASSIGNMENT TO SHORTAGE AREA.*—Section
 11 *333(a)(1)(D)(ii) of the Public Health Service Act (42*
 12 *U.S.C. 254f(a)(1)(D)(ii)) is amended—*

13 (1) *in subclause (IV), by striking “and”;*
 14 (2) *in subclause (V), by striking the period at the*
 15 *end and inserting “; and”; and*
 16 (3) *by adding at the end the following:*

17 *“(VI) the entity demonstrates*
 18 *willingness to support or facilitate*
 19 *mentorship, professional development,*
 20 *and training opportunities for Corps*
 21 *members.”.*

22 (d) *PROFESSIONAL DEVELOPMENT AND TRAINING.*—
 23 *Subsection (d) of section 336 of the Public Health Service*
 24 *Act (42 U.S.C. 254h–1) is amended to read as follows:*

25 “(d) *PROFESSIONAL DEVELOPMENT AND TRAINING.*—

1 “(1) *IN GENERAL.*—*The Secretary shall assist*
2 *Corps members in establishing and maintaining pro-*
3 *fessional relationships and development opportunities,*
4 *including by—*

5 “(A) *establishing appropriate professional*
6 *relationships between the Corps member involved*
7 *and the health professions community of the geo-*
8 *graphic area with respect to which the member*
9 *is assigned;*

10 “(B) *establishing professional development,*
11 *training, and mentorship linkages between the*
12 *Corps member involved and the larger health*
13 *professions community, including through dis-*
14 *tance learning, direct mentorship, and develop-*
15 *ment and implementation of training modules*
16 *designed to meet the educational needs of offsite*
17 *Corps members;*

18 “(C) *establishing professional networks*
19 *among Corps members; or*

20 “(D) *engaging in other professional develop-*
21 *ment, mentorship, and training activities for*
22 *Corps members, at the discretion of the Sec-*
23 *retary.*

24 “(2) *ASSISTANCE IN ESTABLISHING PROFES-*
25 *SIONAL RELATIONSHIPS.*—*In providing such assist-*

1 *ance under paragraph (1), the Secretary shall focus*
 2 *on establishing relationships with hospitals, with aca-*
 3 *demic medical centers and health professions schools,*
 4 *with area health education centers under section 751,*
 5 *with health education and training centers under sec-*
 6 *tion 752, and with border health education and train-*
 7 *ing centers under such section 752. Such assistance*
 8 *shall include assistance in obtaining faculty appoint-*
 9 *ments at health professions schools.*

10 *“(3) SUPPLEMENT NOT SUPPLANT.—Such efforts*
 11 *under this subsection shall supplement, not supplant,*
 12 *non-government efforts by professional health provider*
 13 *societies to establish and maintain professional rela-*
 14 *tionships and development opportunities.”.*

15 *(e) ELIGIBILITY OF THE DISTRICT OF COLUMBIA AND*
 16 *TERRITORIES FOR THE STATE LOAN REPAYMENT PRO-*
 17 *GRAM.—*

18 *(1) IN GENERAL.—Section 338I(h) of the Public*
 19 *Health Service Act (42 U.S.C. 254q–1(h)) is amended*
 20 *by striking “several States” and inserting “50 States,*
 21 *the District of Columbia, the Commonwealth of Puer-*
 22 *to Rico, the United States Virgin Islands, Guam,*
 23 *American Samoa, Palau, the Marshall Islands, and*
 24 *the Commonwealth of the Northern Mariana Islands”.*

1 (2) *AUTHORIZATION OF APPROPRIATIONS.*—*Sec-*
 2 *tion 338I(i)(1) of such Act (42 U.S.C. 254q-1(i)(1))*
 3 *is amended by striking “2002” and all that follows*
 4 *through the period and inserting “2008, and such*
 5 *sums as may be necessary for each of fiscal years*
 6 *2009 through 2012.”.*

7 **SEC. 4. REAUTHORIZATION OF RURAL HEALTH CARE PRO-**
 8 **GRAMS.**

9 *Section 330A(j) of the Public Health Service Act (42*
 10 *U.S.C. 254c(j)) is amended by striking “\$40,000,000” and*
 11 *all that follows through the period and inserting*
 12 *“\$45,000,000 for each of fiscal years 2008 through 2012.”.*

13 **SEC. 5. REAUTHORIZATION OF PRIMARY DENTAL HEALTH**
 14 **WORKFORCE PROGRAMS.**

15 *Section 340G(f) of the Public Health Service Act (42*
 16 *U.S.C. 256g(f)) is amended—*

17 (1) *by striking “\$50,000,000” and inserting*
 18 *“\$25,000,000”; and*

19 (2) *by striking “2002” and inserting “2008”.*

20 **SEC. 6. EMERGENCY RESPONSE COORDINATION OF PRI-**
 21 **MARY CARE PROVIDERS.**

22 (a) *IN GENERAL.*—*Subtitle B of title XXVIII of the*
 23 *Public Health Service Act (42 U.S.C. 300hh-10 et seq.) is*
 24 *amended by adding at the end the following:*

1 **“SEC. 2815. EMERGENCY RESPONSE COORDINATION OF PRI-**
2 **MARY CARE PROVIDERS.**

3 *“The Secretary, acting through Administrator of the*
4 *Health Resources and Services Administration, and in co-*
5 *ordination with the Assistant Secretary for Preparedness*
6 *and Response, shall*

7 *“(1) provide guidance and technical assistance to*
8 *health centers funded under section 330 and to State*
9 *and local health departments and emergency man-*
10 *agers to integrate health centers into State and local*
11 *emergency response plans and to better meet the pri-*
12 *mary care needs of populations served by health cen-*
13 *ters during public health emergencies; and*

14 *“(2) encourage employees at health centers fund-*
15 *ed under section 330 to participate in emergency*
16 *medical response programs including the National*
17 *Disaster Medical System authorized in section 2812,*
18 *the Volunteer Medical Reserve Corps authorized in*
19 *section 2813, and the Emergency System for Advance*
20 *Registration of Health Professions Volunteers author-*
21 *ized in section 319I.”.*

22 *(b) SENSE OF THE CONGRESS.—It is the Sense of Con-*
23 *gress that the Secretary of Health and Human Services, to*
24 *the extent permitted by law, utilize the existing authority*
25 *provided under the Federal Tort Claims Act for health cen-*
26 *ters funded under section 330 of the Public Health Service*

1 *Act (42 U.S.C. 254b) in order to establish expedited proce-*
 2 *dures under which such health centers and their health care*
 3 *professionals that have been deemed eligible for Federal Tort*
 4 *Claims Act coverage are able to respond promptly in a co-*
 5 *ordinated manner and on a temporary basis to public*
 6 *health emergencies outside their traditional service area*
 7 *and sites, and across State lines, as necessary and appro-*
 8 *priate.*

9 **SEC. 7. REVISION OF THE TIMEFRAME FOR THE RECOGNI-**
 10 **TION OF CERTAIN DESIGNATIONS IN CERTI-**
 11 **FYING RURAL HEALTH CLINICS UNDER THE**
 12 **MEDICARE PROGRAM.**

13 (a) *IN GENERAL.*—*The second sentence of section*
 14 *1861(aa)(2) of the Social Security Act (42 U.S.C.*
 15 *1395x(aa)(2)) is amended by striking “3-year period” and*
 16 *inserting “4-year period” in the matter in clause (i) pre-*
 17 *ceding subclause (I).*

18 (b) *EFFECTIVE DATE.*—*The amendment made by sub-*
 19 *section (a) shall take effect on the date of the enactment*
 20 *of this Act.*

Attest:

Secretary.

110TH CONGRESS
2D SESSION

H.R. 1343

AMENDMENT